

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="977438.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="962945.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="78683.03"/>	<input type="text" value="1322666.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1041628.58"/>	<input type="text" value="2300104.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="430327.02"/>	<input type="text" value="1688803.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="611301.56"/>	<input type="text" value="611301.56"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	65927.33	1142298.33
(ii) Unitemized	8503.33	127893.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74430.66	1270191.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	74430.66	1270191.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	2745.49	18642.21
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1500.00	33750.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.88	81.85
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	78683.03	1322666.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	78683.03	1322666.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1016.66	18547.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1016.66	18547.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47650.00	1075900.00
24. Independent Expenditures (use Schedule E)	381660.36	589005.18
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	5350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	430327.02	1688803.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	430327.02	1688803.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	74430.66	1270191.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74430.66	1270191.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1016.66	18547.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2745.49	18642.21
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1728.83	-94.23

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffery P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 Lecy Lane NE
 City Stewartville State MN Zip Code 55976-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **10 / 18 / 2014**
Transaction ID : 6521547
 Amount of Each Receipt this Period **100.00**

B. David Gay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 Ocean Grove Circle
 City Saint Augustine State FL Zip Code 32080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 18 / 2014**
Transaction ID : 6521549
 Amount of Each Receipt this Period **1000.00**

C. James S Gardiner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10015 Kendale Rd
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 16 / 2014**
Transaction ID : 6526200
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1600.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Christopher S Proctor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Las Palmas Dr
 City Santa Barbara State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alta Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : 6526207
 Amount of Each Receipt this Period
 350.00

B. Raymond A Koch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Boyle Dr
 City Eureka State CA Zip Code 95503-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humboldt Medical Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : 6526208
 Amount of Each Receipt this Period
 100.00

c. Charles N Versteeg Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Yale Dr
 City Medford State OR Zip Code 97504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Oregon Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : 6526209
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. David M Kieras MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23417 Marine View Dr S
 City State Zip Code
 Des Moines WA 98198-7349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Mason Med Ctr Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : 6526210
 Amount of Each Receipt this Period
 500.00

B. Basil R Besh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6135 Clubhouse Dr
 City State Zip Code
 Pleasanton CA 94566-9864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6527123
 Amount of Each Receipt this Period
 85.00

C. Anthony L Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2428 Brookwood Dr
 City State Zip Code
 Flossmoor IL 60422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : 6529214
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas Lisle Whitman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 Holston Avenue
 City Bristol State TN Zip Code 37620-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Appalachian Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2014
Transaction ID : 6529215
 Amount of Each Receipt this Period 1000.00

B. Charles A Hope II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Bent Tree Circle
 City Savannah State GA Zip Code 31411-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2014
Transaction ID : 6529218
 Amount of Each Receipt this Period 5000.00

C. Robert M Ruth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5265 Paseo Camio
 City Santa Barbara State CA Zip Code 93111-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2014
Transaction ID : 6529219
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Veerabhadra Reddy MD			Date of Receipt
Mailing Address 6729 Kenwood Ave			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6529220
Dallas	TX	75214-3148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Health Texas	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Vijay John Mani MD			Date of Receipt
Mailing Address 240 E 47th St #21-D			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6529221
New York	NY	10017-2136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Lutheran Medical Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rocci V Trumper MD			Date of Receipt
Mailing Address 4377 Woody Creek Ln.			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6529222
Fort Collins	CO	80524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Orthopaedic Center of the Rockies	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kevin Edward Rosas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 167 Woodlawn Avenue
 City Saratoga Springs State NY Zip Code 12866-1523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho New York Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2014
Transaction ID : 6529223
 Amount of Each Receipt this Period 250.00

B. Robert H Blotter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Ortman
 City Marquette State MI Zip Code 49855-9333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Center for Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6529227
 Amount of Each Receipt this Period 500.00

C. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 6529229
 Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Christopher J Walsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Wellborn Chase
 City Fayetteville State GA Zip Code 30215-2964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2014
Transaction ID : 6533067
 Amount of Each Receipt this Period 250.00

B. Gregory D Gramstad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6702 SW Canyon Crest Dr
 City Portland State OR Zip Code 97225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Surgical Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6534689
 Amount of Each Receipt this Period 250.00

C. Allen A Deutsch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 Oleander St
 City Bellaire State TX Zip Code 77401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kelsey Seybold Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6534691
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffrey H Richmond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Hilltop Dr
 City State Zip Code
 Laurel Hollow NY 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6534693
 Amount of Each Receipt this Period
 500.00

B. Peter M Kelleher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Perkins Place
 City State Zip Code
 Bozeman MT 59715-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6534695
 Amount of Each Receipt this Period
 250.00

C. Ramesh Gidumal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 East 74th St Apt 2G
 City State Zip Code
 New York NY 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYU Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6534698
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Richard W Barth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6516 Goldleaf Dr
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 21 / 2014**
Transaction ID : 6534699
 Amount of Each Receipt this Period **250.00**

B. Andre Nicolas Gay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Chimney Rock
 City Oakland State CA Zip Code 94605-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beloit Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 25 / 2014**
Transaction ID : 6536037
 Amount of Each Receipt this Period **100.00**

C. Daniel P Holub MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Delafield St Ste 120
 City Waukesha State WI Zip Code 53188-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 27 / 2014**
Transaction ID : 6536088
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1350.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Michael A Rauh MD

Mailing Address 46 Middlebury Rd

City Orchard Park State NY Zip Code 14127-3962

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopedic Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 6538930

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. John N Hall MD

Mailing Address 3196 Turnberry Circle

City Charlottesville State VA Zip Code 22911-7489

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 6538931

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Jeffery D Angel MD

Mailing Address 501 Virginia Dr Ste C

City Batesville State AR Zip Code 72501-7331

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **586.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 6538932

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **384.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Matthew C Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Main Avenue
 Apt. #701
 City State Zip Code
 Sioux Falls SD 57104-6453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : 6541165
 Amount of Each Receipt this Period
 250.00

B. Nicholas G Weiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14916 122nd St N
 City State Zip Code
 Stillwater MN 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Croix Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6541627
 Amount of Each Receipt this Period
 500.00

C. Keith D Nord MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Stonehaven Rd
 City State Zip Code
 Jackson TN 38305-1941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6541628
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Kevin Coupe MD		Date of Receipt 10 / 21 / 2014 Transaction ID : 6541629
Mailing Address 7409 Teaswood Dr		Amount of Each Receipt this Period 250.00
City Conroe	State TX	Zip Code 77304-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UT Physicians	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael Augustine Yusaf MD		Date of Receipt 10 / 21 / 2014 Transaction ID : 6541630
Mailing Address 1096 Canyon Creek Dr.		Amount of Each Receipt this Period 250.00
City Rochester Hills	State MI	Zip Code 48306-4281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rochester Hills Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Subramanyan Jayasankar MD		Date of Receipt 10 / 21 / 2014 Transaction ID : 6541631
Mailing Address 74 Country Dr		Amount of Each Receipt this Period 250.00
City Weston	State MA	Zip Code 02493-1165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Roland Y Nakata MD
Full Name (Last, First, Middle Initial)
Mailing Address 815 S Fairmont Ave
City Lodi State CA Zip Code 95240-5116
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

Date of Receipt
10 / 21 / 2014
Transaction ID : 6541634
Amount of Each Receipt this Period
250.00

B. Thomas R Dennis MD
Full Name (Last, First, Middle Initial)
Mailing Address 128 Lubrano Drive
City Annapolis State MD Zip Code 21401-7028
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Annapolis Hand Center Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 21 / 2014
Transaction ID : 6541635
Amount of Each Receipt this Period
250.00

C. Richard M Dix MD, JD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 50129
City Henderson State NV Zip Code 89016
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 21 / 2014
Transaction ID : 6541659
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. John Paul Seaberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2931 Georgetown Street
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Methodist Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6541663
 Amount of Each Receipt this Period 250.00

B. Mark J Lemos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1164 Ocean Blvd
 City Rye State NH Zip Code 03870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6541664
 Amount of Each Receipt this Period 250.00

C. William Bugbee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10666 North Torrey Pines Rd. MS116
 City La Jolla State CA Zip Code 92037-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6541665
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. James P Jamison MD
Full Name (Last, First, Middle Initial)

Mailing Address 7092 Killdeer Dr

City Canfield State OH Zip Code 44406

FEC ID number of contributing federal political committee. **C**

Name of Employer Youngstown Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 6541703

Amount of Each Receipt this Period
150.00

B. George V Russell Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 102 Hawthorne Vale

City Ridgeland State MS Zip Code 39157

FEC ID number of contributing federal political committee. **C**

Name of Employer UMMC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 6542338

Amount of Each Receipt this Period
85.00

C. George V Russell Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 102 Hawthorne Vale

City Ridgeland State MS Zip Code 39157

FEC ID number of contributing federal political committee. **C**

Name of Employer UMMC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 6542339

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **485.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Pasquale Petrera MD		Date of Receipt
Mailing Address 1675 Woodbrooke Dr		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Salisbury	MD	21804-8502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6542340
Name of Employer	Occupation	Amount of Each Receipt this Period
Peninsula Orthopaedic Associates	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Jeffrey W Cook MD		Date of Receipt
Mailing Address 3310 Aspen Grove Dr Ste 102		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Franklin	TN	37067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6542341
Name of Employer	Occupation	Amount of Each Receipt this Period
Franklin Ortho & Sports Medicine	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Stephen M Cyphers MD		Date of Receipt
Mailing Address 2100 Valley View Parkway #2116		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Dorado Hills	CA	95762-5543
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6542342
Name of Employer	Occupation	Amount of Each Receipt this Period
Western Sierra Orthopaedics	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bret T Kean MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2930 SE Carlton St
 City Portland State OR Zip Code 97202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6542345
 Amount of Each Receipt this Period
 1000.00

B. Frank R Kolisek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1260 Innovation Pkwy Ste 100
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6542348
 Amount of Each Receipt this Period
 1000.00

C. John C Gordon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1232 Race Rd. #102
 City Baltimore State MD Zip Code 21237-4377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6542351
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nicholas Rajacich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 North I Street
 City Tacoma State WA Zip Code 98403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multicare Health Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6542356
 Amount of Each Receipt this Period 150.00

B. David Alan Goertzen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5050 N Clinton St Ste 3
 City Fort Wayne State IN Zip Code 46825-5886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedics North East Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6542358
 Amount of Each Receipt this Period 500.00

C. Luis M Espinoza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 6542359
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Joseph W Pulekines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Cedar Ridge Drive
 City London State KY Zip Code 40744-7446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6542360
 Amount of Each Receipt this Period
 250.00

B. Richard E McCarthy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Childrens Way Slot 839
 City Little Rock State AR Zip Code 72202-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 6542361
 Amount of Each Receipt this Period
 150.00

C. Edward Adrian Connolly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 53rd Ave Ste LL04
 City Bettendorf State IA Zip Code 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho & Rheumatology Assoc.
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : 6557405
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven Trinkl MD
Full Name (Last, First, Middle Initial)

Mailing Address 13820 N Pine Bluff Rd

City Mequon State WI Zip Code 53097

FEC ID number of contributing federal political committee. **C**

Name of Employer OIW Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557408

Amount of Each Receipt this Period 250.00

B. William C Andrews Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 4717 John Scott Dr

City Lynchburg State VA Zip Code 24503-1003

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Center of Central Virginia Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557412

Amount of Each Receipt this Period 850.00

C. John Charles Kofoed MD
Full Name (Last, First, Middle Initial)

Mailing Address 2619 Seminole Ct

City Fairfield State CA Zip Code 94534-7871

FEC ID number of contributing federal political committee. **C**

Name of Employer Sutter Medical Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557415

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1184.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Theodore W Crofford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2228 Winton Terrace E
 City Fort Worth State TX Zip Code 76109-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557419
 Amount of Each Receipt this Period 1000.00

B. Paul L Benfanti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7172 9th St S
 City Saint Petersburg State FL Zip Code 33705-6219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557420
 Amount of Each Receipt this Period 250.00

C. Richard Lee Crank DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6588 Eagle Ridge Way
 City Lakeland State FL Zip Code 33813-5683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeland Regional Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557421
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Franklin H Sim MD
Full Name (Last, First, Middle Initial)

Mailing Address 1303 Woodland Dr SW

City Rochester State MN Zip Code 55902

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557422

Amount of Each Receipt this Period 500.00

B. John Hollis Walker MD
Full Name (Last, First, Middle Initial)

Mailing Address 4715 Whitesburg Dr

City Huntsville State AL Zip Code 35802-1632

FEC ID number of contributing federal political committee. **C**

Name of Employer Sportsmed Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557423

Amount of Each Receipt this Period 1000.00

C. John T Rich MD
Full Name (Last, First, Middle Initial)

Mailing Address 334 Main St Ste 1

City Dickson City State PA Zip Code 18519-1668

FEC ID number of contributing federal political committee. **C**

Name of Employer Scranton Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 6557424

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bruce A Bollinger MD
Full Name (Last, First, Middle Initial)

Mailing Address 4401 Ridgehaven Rd

City Fort Worth State TX Zip Code 76116

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 / 28 / 2014
Transaction ID : 6557425

Amount of Each Receipt this Period
500.00

B. Marc R Labbe MD
Full Name (Last, First, Middle Initial)

Mailing Address 3424 Sunset Blvd.

City Houston State TX Zip Code 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer Bone & Joint Clinic
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 28 / 2014
Transaction ID : 6557427

Amount of Each Receipt this Period
500.00

C. Lawrence S Crossett MD
Full Name (Last, First, Middle Initial)

Mailing Address 9 Fairview Manor

City Pittsburgh State PA Zip Code 15238-1934

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pittsburgh Medical Cente
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : 6557428

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Christopher W DiGiovanni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Randolph Ave
 City Milton State MA Zip Code 02186-3509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2014
Transaction ID : 6557496
 Amount of Each Receipt this Period 250.00

B. John T Prather MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 W Broughton St #4A
 City Savannah State GA Zip Code 31401-3261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chatham Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2014
Transaction ID : 6559691
 Amount of Each Receipt this Period 250.00

C. Franklin Mirrer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Elm Grove Ave
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2014
Transaction ID : 6559692
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Russell E Windsor MD			Date of Receipt
Mailing Address 535 E 70th St			<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6559693
New York	NY	10021-4892	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel E Murphy MD			Date of Receipt
Mailing Address 602 S Howard Ave			<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6559694
Tampa	FL	33606-2413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="375.00"/>
Name of Employer	Occupation		
Tampa Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Daniel E Fox MD			Date of Receipt
Mailing Address PO BOX 5016			<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6559700
Toms River	NJ	08754-5016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		
Center for Orthopedics and Sports Medi	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Benjamin Curtis MD
Full Name (Last, First, Middle Initial)

Mailing Address 1990 E Browning Ave

City Salt Lake Cty State UT Zip Code 84108-2274

FEC ID number of contributing federal political committee. **C**

Name of Employer Utah Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
10 / 30 / 2014
Transaction ID : 6559701

Amount of Each Receipt this Period
50.00

B. Peter Damien Hanson MD
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Stuart St

City Helena State MT Zip Code 59601-2333

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
10 / 30 / 2014
Transaction ID : 6559702

Amount of Each Receipt this Period
250.00

C. Adam Pearson MD
Full Name (Last, First, Middle Initial)

Mailing Address 30 Overbrook Field Drive

City Cornish State NH Zip Code 03745

FEC ID number of contributing federal political committee. **C**

Name of Employer DHMC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **299.00**

Date of Receipt
10 / 30 / 2014
Transaction ID : 6559723

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Scott Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605-4210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1172.00**

Date of Receipt **11 / 03 / 2014**
Transaction ID : 6560596
 Amount of Each Receipt this Period **84.00**

B. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5550 Cory Dr
 City El Paso State TX Zip Code 79932-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1065.00**

Date of Receipt **11 / 05 / 2014**
Transaction ID : 6566590
 Amount of Each Receipt this Period **85.00**

C. Neal D Lintecum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 N 1500 Rd
 City Lawrence State KS Zip Code 66049-9194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **11 / 05 / 2014**
Transaction ID : 6566591
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **269.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Chad A Krueger MD		Date of Receipt
Mailing Address 14827 Forward Pass		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78248-0974
FEC ID number of contributing federal political committee.		Transaction ID : 6567819
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
U.S. Army	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patrick T McCulloch MD		Date of Receipt
Mailing Address 12 Caley Drive		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Canonsburg	PA	15317-5990
FEC ID number of contributing federal political committee.		Transaction ID : 6567820
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="84.00"/>
Name of Employer	Occupation	
Advanced Orthopaedics & Rehabilitation	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="502.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mathias A Masem MD		Date of Receipt
Mailing Address 80 Grand Ave #600		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Oakland	CA	94612
FEC ID number of contributing federal political committee.		Transaction ID : 6577250
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="364.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Gregory S McDowell MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 Transaction ID : 6577251
Mailing Address 2900 12th Ave N Ste 140W		Amount of Each Receipt this Period 500.00
City Billings	State MT	Zip Code 59101-7503
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoMontana	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Jonathan B Ticker MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 Transaction ID : 6577252
Mailing Address 8 Wood Acres Rd		Amount of Each Receipt this Period 150.00
City Brookville	State NY	Zip Code 11545
FEC ID number of contributing federal political committee. C		
Name of Employer Island Ortho & Sports Med	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. R Michael Gross MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 Transaction ID : 6577253
Mailing Address 17030 Lakeside Hills Plz Ste 200		Amount of Each Receipt this Period 1000.00
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. C		
Name of Employer GIKK Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jeffrey J Tiedeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17030 Lakeside Hills Plz Ste 200
 City State Zip Code
 Omaha NE 68130-2396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GIKK Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : 6577254
 Amount of Each Receipt this Period
 1000.00

B. C Michael Kelly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1507 South 152 Circle
 City State Zip Code
 Omaha NE 68144-5114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GIKK Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : 6577265
 Amount of Each Receipt this Period
 1000.00

C. Samuel P Phillips MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Woolworth Ave
 City State Zip Code
 Omaha NE 68105-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GIKK Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : 6577266
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 OF 73	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kimberly A Turman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 S 195th Cir
 City Omaha State NE Zip Code 68130-3023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GIKK Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : 6577267
 Amount of Each Receipt this Period 1000.00

B. James F Scoggin III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 25823
 City Honolulu State HI Zip Code 96825-0823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : 6577269
 Amount of Each Receipt this Period 1000.00

C. Douglas J Fauser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 664 Stoneleigh Ave Ste 300
 City Carmel State NY Zip Code 10512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Somers Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : 6577290
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Thomas A McEnerney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5150 Journal Center Blvd NE
 City Albuquerque State NM Zip Code 87109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABQ Health Partners Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 03 / 2014**
Transaction ID : 6577295
 Amount of Each Receipt this Period **200.00**

B. Craig William Roodbeen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 Kirts Blvd Ste 160
 City Troy State MI Zip Code 48084-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 03 / 2014**
Transaction ID : 6577297
 Amount of Each Receipt this Period **250.00**

C. Robert A Ruggiero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 East Lancaster Ave Ste 200
 City Malvern State PA Zip Code 19355-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 03 / 2014**
Transaction ID : 6577299
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Jack Farr II, MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 Transaction ID : 6577301
Mailing Address 5287 N 400 W		Amount of Each Receipt this Period 500.00
City Bargersville	State IN	Zip Code 46106
FEC ID number of contributing federal political committee.	C	
Name of Employer Ortholndy	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Prasad V Gourineni MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 Transaction ID : 6577304
Mailing Address 3420 Adams Rd		Amount of Each Receipt this Period 250.00
City Oak Brook	State IL	Zip Code 60523-2708
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ryan Edward Will MD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 Transaction ID : 6577305
Mailing Address 2007 60th Ave NW		Amount of Each Receipt this Period 250.00
City Gig Harbor	State WA	Zip Code 98335
FEC ID number of contributing federal political committee.	C	
Name of Employer Multicare Health System	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Tudor Roberts Tien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3090 Andora Dr
 City Ypsilanti State MI Zip Code 48198-9649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : 6577306
 Amount of Each Receipt this Period
 250.00

B. Jose Miguel Santiago-Figueroa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Cond Plaza de Diego
 310 Ave de Diego Ste 301
 City San Juan State PR Zip Code 00907-4442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6577512
 Amount of Each Receipt this Period
 250.00

C. John G Lane MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 La Canada
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6577513
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Michael T O'Neil MD
Full Name (Last, First, Middle Initial)

Mailing Address Nebraska Ortho Assoc LLP
2725 S 144th St Ste 110

City Omaha State NE Zip Code 68144-5253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
11 / 07 / 2014
Transaction ID : 6577514

Amount of Each Receipt this Period
100.00

B. Ian Lin MD
Full Name (Last, First, Middle Initial)

Mailing Address 104 Foster Dr

City Des Moines State IA Zip Code 50312-2538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Des Moines Ortho Surgeons Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 07 / 2014
Transaction ID : 6577516

Amount of Each Receipt this Period
1000.00

C. Stephen Andrew Mikulak MD
Full Name (Last, First, Middle Initial)

Mailing Address 360 San Miguel Dr Ste 701

City Newport Beach State CA Zip Code 92660-5927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
California Orthopaedic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 07 / 2014
Transaction ID : 6577556

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. William Kemp Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 Timber Cove Lane
 City State Zip Code
 Plano TX 75093-6141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6577557
 Amount of Each Receipt this Period
 1000.00

B. Jeffrey Todd Brodie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Hambleton Court
 City State Zip Code
 Baltimore MD 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Maryland Medical System Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6577558
 Amount of Each Receipt this Period
 250.00

C. John Bernard Ryan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11012 E 13 Mile Rd Ste 201
 City State Zip Code
 Warren MI 48093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6577560
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. David J Collon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26175 Carol Avenue
 City Franklin State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2014
Transaction ID : 6577562
 Amount of Each Receipt this Period 250.00

B. Matthew P Gardner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Cumberland Dr
 City Rochester State IL Zip Code 62563-9286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2014
Transaction ID : 6577563
 Amount of Each Receipt this Period 150.00

c. Craig P Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4140 Centennial Hills Blvd Ste A
 City Casper State WY Zip Code 82609-3265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2014
Transaction ID : 6590107
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Paul A Sauer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2414 River Hills Ln
 City Bolingbrook State IL Zip Code 60490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rezin Ortho & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6590108
 Amount of Each Receipt this Period
 250.00

B. Michael T Stowell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120A Professional Court
 City Hagerstown State MD Zip Code 21740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6590110
 Amount of Each Receipt this Period
 250.00

C. Randall Duane Roush MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1805 Summer Blossom Place
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SSM Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6590111
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. William V Arnold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 Randolph Road
 City Meadowbrook State PA Zip Code 19046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 07 / 2014
Transaction ID : 6590112
 Amount of Each Receipt this Period 1000.00

B. Michael Thomas Thieken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2461 Gwinnett St
 City Carmel State IN Zip Code 46032-8386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2014
Transaction ID : 6590127
 Amount of Each Receipt this Period 500.00

C. Eric A Monesmith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5726 Central Avenue
 City Indianapolis State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2014
Transaction ID : 6590128
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 2500.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dean C Maar MD
Full Name (Last, First, Middle Initial)
Mailing Address 9250 Willowrun Dr
City Indianapolis State IN Zip Code 46260-1479
FEC ID number of contributing federal political committee. **C**
Name of Employer Ortholndy Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : 6590129
Amount of Each Receipt this Period **500.00**

B. Edward J Hellman MD
Full Name (Last, First, Middle Initial)
Mailing Address 12715 Norfolk Ln
City Carmel State IN Zip Code 46032
FEC ID number of contributing federal political committee. **C**
Name of Employer Ortholndy Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : 6590130
Amount of Each Receipt this Period **1000.00**

C. John W Dietz MD
Full Name (Last, First, Middle Initial)
Mailing Address 1212 Emerald Viking Court
City Westfield State IN Zip Code 46074
FEC ID number of contributing federal political committee. **C**
Name of Employer Ortholndy Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : 6590132
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. David M Kaehr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3942 Oakleaf Dr
 City Zionsville State IN Zip Code 46077-9293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2014
Transaction ID : 6590133
 Amount of Each Receipt this Period 500.00

B. Prasad V Gourineni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Adams Rd
 City Oak Brook State IL Zip Code 60523-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 13 / 2014
Transaction ID : 6590134
 Amount of Each Receipt this Period 250.00

c. Perry L Schoenecker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 N. Dickson
 City Kirkwood State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Univ School of Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 13 / 2014
Transaction ID : 6590135
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Simon Mears MD

Mailing Address 3825 Mapleshade Lane, #7102

City Plano	State TX	Zip Code 75075-5798
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Texas	Occupation Orthopaedic Surgeon
----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2014

Transaction ID : 6590139

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)
B. Harris N Silver MD

Mailing Address 938 East Lake Rd

City Dundee	State NY	Zip Code 14837
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Arnot Medical Services	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2014

Transaction ID : 6590140

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)
C. Jeffrey M Colbert MD

Mailing Address 13160 Mindanao Way #325

City Marina Del Rey	State CA	Zip Code 90292-6614
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2014

Transaction ID : 6590142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Charles D Mitchell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 Acapulco Dr
 City Dallas State TX Zip Code 75232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Services Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2014
Transaction ID : 6590144
 Amount of Each Receipt this Period 250.00

B. J Kevin Horn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9062 N Point Dr
 City Beach City State TX Zip Code 77523-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fondren Orthopedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2014
Transaction ID : 6590145
 Amount of Each Receipt this Period 250.00

c. Joseph D Zuckerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Marbourne Dr
 City Mamaroneck State NY Zip Code 10543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Hospital for Joint Diseases Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2014
Transaction ID : 6598685
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Robert C Coddington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5803 Lake Resort Dr
 City Hixson State TN Zip Code 37343-4665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 20 / 2014**
Transaction ID : 6598686
 Amount of Each Receipt this Period **100.00**

B. John O Cletcher Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 150
 City Hygiene State CO Zip Code 80533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 20 / 2014**
Transaction ID : 6598689
 Amount of Each Receipt this Period **50.00**

C. Anca Popa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 River Rd Ste 825
 City Edgewater State NJ Zip Code 07020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 20 / 2014**
Transaction ID : 6598692
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **350.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)
A. Alan L Whitney MD

Mailing Address 2699 N 17th St

City Coos Bay State OR Zip Code 97420-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer South Coast Orthopedic Assn Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 6598697

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. David P Mesna MD

Mailing Address 3704 Camino Codorniz

City Calabasas State CA Zip Code 91302-3043

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 6598698

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. George V Russell Jr, MD

Mailing Address 102 Hawthorne Vale

City Ridgeland State MS Zip Code 39157

FEC ID number of contributing federal political committee. **C**

Name of Employer UMMC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **605.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 6598699

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **635.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial) A. Amar S Ranawat MD			Date of Receipt 11 / 21 / 2014 Transaction ID : 6598712
Mailing Address 535 E 70th St 6th Fl			Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10021-4823	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Hospital for Special Surgery		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Basil R Besh MD			Date of Receipt 11 / 21 / 2014 Transaction ID : 6598713
Mailing Address 6135 Clubhouse Dr			Amount of Each Receipt this Period 85.00
City Pleasanton	State CA	Zip Code 94566-9864	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 340.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William M Strassberg MD			Date of Receipt 11 / 21 / 2014 Transaction ID : 6599729
Mailing Address 36 Sailors Bluff			Amount of Each Receipt this Period 250.00
City Northport	State ME	Zip Code 04849-3063	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Mount Desert Island Hospital		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Todd A Schmidt MD
Full Name (Last, First, Middle Initial)

Mailing Address 2865 Lake Park Drive

City Jonesboro State GA Zip Code 30236-4133

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : 6599730

Amount of Each Receipt this Period **84.00**

B. David R Chandler MD
Full Name (Last, First, Middle Initial)

Mailing Address 165 Middle Plantation Ln

City Gulf Breeze State FL Zip Code 32561-4899

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : 6599732

Amount of Each Receipt this Period **85.00**

c. Jeffery P Beckenbaugh DO
Full Name (Last, First, Middle Initial)

Mailing Address 1302 Lecy Lane NE

City Stewartville State MN Zip Code 55976-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : 6599734

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **269.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Eric Louis Smith MD
Full Name (Last, First, Middle Initial)

Mailing Address 1573 Beacon St

City Waban State MA Zip Code 02468-1507

FEC ID number of contributing federal political committee. **C**

Name of Employer Tufts Medical Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **536.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 6599735

Amount of Each Receipt this Period
84.00

B. David F Dalury MD
Full Name (Last, First, Middle Initial)

Mailing Address 8322 Bellona Ave Ste 200

City Baltimore State MD Zip Code 21204-2076

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 6599906

Amount of Each Receipt this Period
1000.00

C. Daniel E Lehman MD
Full Name (Last, First, Middle Initial)

Mailing Address Orthopaedics Indianapolis
8450 Northwest Blvd

City Indianapolis State IN Zip Code 46278-1381

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoIndy Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 6599907

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1584.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 11 / 22 / 2014
Transaction ID : 6601731
 Amount of Each Receipt this Period 83.33

B. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 22 / 2014
Transaction ID : 6601732
 Amount of Each Receipt this Period 175.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	258.33
TOTAL This Period (last page this line number only).....▶	65927.33

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. American Association of Orthopaedic Surgeons
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 N River Road
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 17625.55

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014
Transaction ID : 6521546
 Amount of Each Receipt this Period
 1728.83
 Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 N River Road
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 18642.21

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 19 / 2014
Transaction ID : 6597638
 Amount of Each Receipt this Period
 1016.66
 Refund of bank fees from affiliated organization

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2745.49
TOTAL This Period (last page this line number only).....▶	2745.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 73
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gardner for Congress
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2408

City Loveland	State CO	Zip Code 80539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00461749

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	20	/	2014

Transaction ID : 6545508

Amount of Each Receipt this Period
1500.00

Refund of excess contribution to candidate

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6566592

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6566593

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6566594

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6566595

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6566596

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of John Barrasso

Mailing Address P.O. Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Barrasso

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : 6516639

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Voice for Freedom

Mailing Address 2700 Cumberland Parkway, Suite 150

City Alexandria State GA Zip Code 30339

Purpose of Disbursement
Price's LPAC

011

Category/
Type

Candidate Name

Voice for Freedom

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : 6516765

Amount of Each Disbursement this Period

5000.00

Price's LPAC

Full Name (Last, First, Middle Initial)

C. Lee Terry for Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee Terry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : 6516767

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Blum for Congress

Mailing Address 2728 Asbury Road Suite 400

City State Zip Code
Dubuque IA 52001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rodney Blum

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 6516781

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. John Chapman for Congress

Mailing Address c/o Red Curve Solutions
138 Conant Street

City State Zip Code
Beverly MA 01915

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Chapman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 6516782

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Walker 4 NC

Mailing Address 2941 Battleground Ave
Box 38334

City State Zip Code
Greensboro NC 27438

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bradley Walker

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 6516788

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kurt Schrader for Congress

Mailing Address P.O. Box 3314
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : 6516789

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DAWG PAC

Mailing Address Democrats Against Waste in Governm
315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
John Barrow's Leadership PAC

011

Category/
Type

Candidate Name

DAWG PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : 6516791

Amount of Each Disbursement this Period

5000.00

John Barrow's Leadership PAC

Full Name (Last, First, Middle Initial)

C. Kinzinger for Congress

Mailing Address P.O. Box 2365

City Ottawa State IL Zip Code 61350

Purpose of Disbursement

011

Category/
Type

Candidate Name

Adam Kinzinger

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : 6534749

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of John Delaney

Mailing Address P.O. Box 60320

City Potomac State MD Zip Code 20854

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Delaney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 6534752

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 6534753

Amount of Each Disbursement this Period

4,000.00

Full Name (Last, First, Middle Initial)

C. Mikulski for Senate Committee

Mailing Address P.O. Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barbara Mikulski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 6558134

Amount of Each Disbursement this Period

4,650.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

13650.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Doing Right - Results, Action, Unity, Leadership PAC

Mailing Address P.O. Box 3433

City State Zip Code
Palm Desert CA 92261

Purpose of Disbursement
Ryuz' LPAC

011

Candidate Name

Doing Right - Results, Action, Unity, Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : 6558144

Amount of Each Disbursement this Period

5000.00

Ryuz' LPAC

Full Name (Last, First, Middle Initial)

B. Buck for Colorado

Mailing Address P.O. Box 338018

City State Zip Code
Greeley CO 80633

Purpose of Disbursement
Void - Buck for Colorado

011

Candidate Name

Kenneth Buck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : 6566597

Amount of Each Disbursement this Period

-2500.00

Void - Buck for Colorado

Full Name (Last, First, Middle Initial)

C. Garret Graves for Congress

Mailing Address P.O. Box 64845

City State Zip Code
Baton Rouge LA 70896

Purpose of Disbursement

011

Candidate Name

Garret Graves

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff2014

State: LA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : 6585912

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS
FEC IDENTIFICATION NUMBER
C C00343137
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mammen Group, Inc
Mailing Address
1901 L Street, N.W.
City
Washington State
DC Zip Code
20036
Purpose of Expenditure
Capps-Retirement Category/Type
011
Name of Federal Candidate
Lois Capps Support
Office Sought: House District: 22
State: CA
Calendar Year-To-Date
Per Election for Office Sought
68357.60

Date of Public Distribution/Dissemination
10 / 29 / 2014
Amount
21815.40
Transaction ID : 6460321
Date of Disbursement or Obligation
10 / 01 / 2014
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mammen Group, Inc
Mailing Address
1901 L Street, N.W.
City
Washington State
DC Zip Code
20036
Purpose of Expenditure
Maffei-Choose Your Own Doctor Category/Type
011
Name of Federal Candidate
Daniel Maffei Support
Office Sought: House District: 25
State: NY
Calendar Year-To-Date
Per Election for Office Sought
70836.48

Date of Public Distribution/Dissemination
10 / 23 / 2014
Amount
23612.16
Transaction ID : 6460323
Date of Disbursement or Obligation
10 / 01 / 2014
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45427.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature William J. Robb III, MD [Electronically Filed] Date 11 / 25 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS		FEC IDENTIFICATION NUMBER ▼ C C00343137
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1901 L Street, N.W.		Amount 23612.16	
City Washington	State DC	Zip Code 20036	Transaction ID : 6460325
Purpose of Expenditure Maffei-A Voice for Central NY	Category/Type 011	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2014	
Name of Federal Candidate Daniel Maffei		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
70836.48			

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 1901 L Street, N.W.		Amount 23612.16	
City Washington	State DC	Zip Code 20036	Transaction ID : 6460327
Purpose of Expenditure Maffei-Medicare	Category/Type 011	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2014	
Name of Federal Candidate Daniel Maffei		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
70836.48			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47224.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb III, MD

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343137 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Mentzer Media Services, Inc		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 600 Fairmount Ave		Amount 46495.00	
City Towson	State MD	Zip Code 21286-1006	Transaction ID : 6531401
Purpose of Expenditure Heck-Protecting	Category/Type 011	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Joe Heck		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 46495.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mentzer Media Services, Inc		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 600 Fairmount Ave		Amount 12861.00	
City Towson	State MD	Zip Code 21286-1006	Transaction ID : 6531402
Purpose of Expenditure Flores-Standing Up	Category/Type 011	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Bill Flores		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 12861.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59356.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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William J. Robb III, MD
 Signature

[Electronically Filed] Date 11 / 25 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS
FEC IDENTIFICATION NUMBER
C C00343137
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mentzer Media Services, Inc
Mailing Address
600 Fairmount Ave
City
Towson State
MD Zip Code
21286-1006
Purpose of Expenditure
Southerland-Keep Fighting
Category/Type
011

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
18945.00
Transaction ID : 6531404
Date of Disbursement or Obligation
10 / 22 / 2014

Name of Federal Candidate
William Steve Southerland
Support
Office Sought: House
District: 02
State: FL

Disbursement For:
Primary General
2014

Full Name of Payee
Mentzer Media Services, Inc
Mailing Address
600 Fairmount Ave
City
Towson State
MD Zip Code
21286-1006
Purpose of Expenditure
Reed-Fighter
Category/Type
011

Date of Public Distribution/Dissemination
10 / 22 / 2014
Amount
23654.00
Transaction ID : 6531406
Date of Disbursement or Obligation
10 / 22 / 2014

Name of Federal Candidate
Thomas Reed
Support
Office Sought: House
District: 29
State: NY

Disbursement For:
Primary General
2014

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 42599.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 381660.36

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: William J. Robb III, MD
Date: 11 / 25 / 2014
[Electronically Filed]